سنه	Application or Docket Number												
PATENT APPLICATION FEE DETERMINATION RECORD MS163das													
Effective October 1, 2000 - 1777 09/894327													İ
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
(Column 1) (Column 2)								EC	-	OR	SMALL	ENTITY	
TOTAL CLAIMS			.27		7		R	ATE	FEE		RATE	FEE	
FOR			NUMBER FILED		MLAMBER EXTRA		BAS	IC FEE	355.00	OЯ	BASIC FEE	710.00	. 1
TOTAL CHARGEABLE CLAIMS			2 Fminus 20=		· 7		L×	9 -		OR	X\$18=	126.0	
INDEPENDENT CLAIMS			> minus 3 =		4		L×	40=		OR	.X80=	3200	0
MU	LTIPLE DEPEN	DENT CLAIM P	ESENT					35=		OR.	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TAL		ОЯ	TOTAL	1156.	00
CLAIMS AS AMENDED - PART II										-	OTHER SMALL		
_&	12405	(Column 1)	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		ກກ 2) ເຂົາ	(Column 3)	51	IALL	ENTITY	OR I	SHIALL	ADDI-	Ì
¥ E		REMAINING AFTER AMENOMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	.27	Minus	-5	27		X	\$ 9=		OR	X\$18=		
MEN	Independent	. 1	Minus	•••	7	-	×	40=		OR	X80=		
U	FIRST PRESENTATION OF MULTIPLE DEPENDENT GLAIM							35=		OR	+270=]
		ݐݐ	TOTAL		OR	TOTAL		1					
// // / DOM, FEE													1
	SECULIVIES ((Catumn 1) CLAMS	AUGUSTANIA	HeG	KEST	(Column 3)			ADDI-	1		ADDI-	1
4 8		REMAINING AFTER		PREV	MBER TOUSLY D FOR	PRESENT EXTRA	F	ATE	TIONAL FEE		RATE	TIONAL FEE	l
AMENDMENT	Total	AMENOMENT .	Minus	. (,	\$ 9=	<u> </u>	OR	X\$18=		1
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Ž	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						「	135•		OR	+270=	†	1
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ADOXY, FEE													1
	22502020202020	(Column 1)	177004754		imn 2) HEST	(Column 3)	I		ADDI-	1		ADDI-	┨
NTC		REMAINING AFTER AMENDMENT		PREV	MBER 10USLY 2 FOR	PRESENT EXTRA	٩	ATE	TIONAL FEE		RATE	TIONAL	·
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٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=		1
to the enter in column 1 is loss than the enter in column 2, write V in column 3.											KOTAL	-	1
"Hither Yighest Number Previously Paid For IN THIS SPACE is less than 20, error "20." ADDIT, FEE The Yighest Number Previously Paid For IN THIS SPACE is less than 3, error "3." The Yighest Number Previously Paid For (Intal or Independent) is the highest number found in the appropriate box in column 1.													1
	The Tighest Nur	iber Previously Pa	id For (fotal o	r tndapen	ident) is th	e highest numb	er found	n ine a	ppropriate bo	ar at ca	olumn 1.		

FORM PTO-475